



***New Jersey Office of the Attorney General***

Division of Consumer Affairs  
State Board of Psychological Examiners  
124 Halsey Street, 6th Floor, P.O. Box 45017  
Newark, New Jersey 07101  
(973) 504-6470

Dear Applicant:

Recent legislation required the Division of Consumer Affairs to conduct Criminal History Record Background Checks of all Health Care Professionals prior to the issuance of a license or permit to practice in a health care profession (N.J.S.A. 45:1-25 et seq.). In order for the Division to conduct a Criminal History Record Background Check, you must complete the enclosed Certification and Authorization form and return it to the Board or Committee at the mailing address above.

Upon receipt of the completed Certification and Authorization form, the Board or Committee will forward to you information you will need to have your fingerprints recorded. The recording of your fingerprints is necessary to conduct the Criminal History Record Background Check.

Please note that you will be required to pay a **\$58.69** fee for this service at the time you schedule your appointment. Anticipate a minimal wait of four to five weeks before your permit is approved or a license is issued.

Sincerely,

**State Board of Psychological Examiners**

A handwritten signature in black ink that reads "J. Michael Walker".

J. Michael Walker  
Executive Director

Attach a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use staples to attach the photo.



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Division of Consumer Affairs

State Board of Psychological Examiners

124 Halsey Street, 6th Floor, P.O. Box 45017

Newark, New Jersey 07101

(973) 504-6470

## **Application for Licensure as a Practicing Psychologist**

Date : \_\_\_\_\_

A nonrefundable application filing fee of \$125, in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid.)

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code. Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

**Please print clearly. You must answer all of the questions on this application.**

### **Personal Information**

Date of birth: \_\_\_\_\_  
Month Day Year

☐ Dr.

☐ Mr.

1. Name ☐ Mrs. \_\_\_\_\_ ( \_\_\_\_\_ )  
Last name First name Middle initial Maiden name

☐ Ms.

### **2. Address**

☐ Home: \_\_\_\_\_  
Street or P.O. Box City State ZIP code County

\_\_\_\_\_  
Telephone number (include area code)

\_\_\_\_\_  
E-mail address

☐ Business/Practice address: \_\_\_\_\_  
Name of company Telephone number (include area code)

\_\_\_\_\_  
Street City State ZIP code County

☐ Mailing: \_\_\_\_\_  
Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so may result in denial/nonrenewal of licensure or certification.

\*Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Committee is required to obtain your Social Security number. Pursuant to these authorities, the Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;
- b. the Probation Division or any other agency responsible for child support enforcement, upon request; and
- c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen  
☐ Alien lawfully admitted for permanent residence in U.S.  
☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual payment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for payment of your student loan.

6. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? ☐ Yes ☐ No
  - (1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No
  - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No
- d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d may result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

\_\_\_\_\_  
Applicant's name (please print)

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

## 7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

**“Ability to practice as a psychologist”** is to be construed to include all of the following:

- The cognitive capacity to exercise the reasonable judgments of a practicing psychologist, and to learn and keep abreast of professional developments; and
- The ability to communicate those judgments and related information to clients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- The physical capability to perform the duties of a practicing psychologist, with or without the use of aids or devices, such as corrective lenses or hearing aids.

**“Medical Condition”** includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

**“Chemical substance”** is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

**“Currently”** does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous two years.

**“Illegal use of controlled dangerous substance”** means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program\*\*? ☐ Yes ☐ No ☐ Not applicable
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? ☐ Yes ☐ No ☐ Not applicable
- Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No ☐ Not applicable
- Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? ☐ Yes ☐ No
- Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that “currently” is defined as “within the last two years.”) ☐ Yes ☐ No

If you answered “Yes” to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? ☐ Yes ☐ No

\*\* If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

8. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No

9. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No

If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

10. Have you previously applied for a license or certificate as a practicing psychologist in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If "Yes," when and where? \_\_\_\_\_

11. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name. \_\_\_\_\_

	Last name	First name	Middle initial
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired

12. Have you ever been disciplined or denied a psychologist's license or certificate or any other professional license in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

13. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

14. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

15. Have you ever been named as a defendant in any litigation related to the practice of psychology or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

16. Are you aware of any investigation pending against a professional license or certificate issued to you by any professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

17. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

18. Have you ever been sanctioned by, or is any action pending before, any employer, association, society, or other professional group related to the practice of psychology or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 12 through 18, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Education

1. A) List all degrees from recognized colleges or universities. It is your responsibility to have the colleges or universities forward to the Board the official transcripts of all degrees. If you hold a Certificate of Professional Qualification (C.P.Q.) from the Association of State and Provincial Psychology Boards (A.S.P.P.B.), please submit a copy to the Board.

College or University	Inclusive years	Degree, Diploma or Certificate	Major	Date granted

B) Official transcripts sent by the college or university granting the qualifying credit for the all gradute degrees in psychology must become a part of this application. If you hold a C.P.Q. from the A.S.P.P.B., please submit a copy to the Board.

Transcript to be sent by:

C) Please attach an abstract of your doctoral dissertation (if any) to this application.

2. Do you hold a diploma from a nationally recognized psychological board or agency? ☐ Yes ☐ No  
If “Yes,” complete the following:

Board	Diploma	Date granted

Good Moral Character Information

1. The following have been supplied with forms to certify as to my good moral character and have been instructed to send them directly to the Board.

Name (please print):

Address:

Street addressCityStateZIP code

Name (please print):

Address:

Street addressCityStateZIP code

## Experience

1. Only one year of experience may be counted per 12-month period. For each position indicate: (1) name of institution, company, agency or private practice; (2) address; (3) supervisor; (4) applicant's title; (5) dates of employment; (6) total hours worked per week; and (7) description of job functions and responsibilities. If you hold a C.P.Q. from the A.S.P.P.B., please submit a copy to the Board.

a.

Name of institution, company, agency or private practice			Street address
City	State	ZIP code	Telephone number (include area code)
Name of supervisor		Supervisor's title	Applicant's title
Dates of employment: from _____		to _____	
Month/Year		Month/Year	Total hours worked per week

Description of job functions and responsibilities:

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b.

Name of institution, company, agency or private practice			Street address
City	State	ZIP code	Telephone number (include area code)
Name of supervisor		Supervisor's title	Applicant's title
Dates of employment: from _____		to _____	
Month/Year		Month/Year	Total hours worked per week

Description of job functions and responsibilities:

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c.

Name of institution, company, agency or private practice			Street address
City	State	ZIP code	Telephone number (include area code)
Name of supervisor		Supervisor's title	Applicant's title
Dates of employment: from _____		to _____	
Month/Year		Month/Year	Total hours worked per week

Description of job functions and responsibilities:

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If necessary, please attach additional sheets of paper or a resume.

# AFFIDAVIT

**This affidavit is to be executed by the applicant before a notary public:**

State of: \_\_\_\_\_

County of: \_\_\_\_\_

} ss.

I, \_\_\_\_\_, in making this application to the State Board of Psychological Examiners for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the State Board of Psychological Examiners, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:14B-1 et seq., together with the Rules and Regulations of the State Board of Psychological Examiners, N.J.A.C. 13:42-1.1 et seq., and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

\_\_\_\_\_  
Applicant's signature

Sworn and subscribed to before me this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public

**Affix Seal Here**



**Official Use Only**☐ Dual License

License Type 1

Applicant's Number

License Type 2

Applicant's Number

**New Jersey Office of the Attorney General**

Division of Consumer Affairs

State Board of Psychological Examiners

P.O. Box 45017

Newark, New Jersey 07101

(973) 504-6470

**Official Use Only**☐ Resubmit

Board or Committee

**CERTIFICATION AND AUTHORIZATION FORM  
FOR A CRIMINAL HISTORY BACKGROUND CHECK****Directions:** Answer all of the questions on this form.

1. Name ☐ Mr. \_\_\_\_\_ ( \_\_\_\_\_ )  
☐ Mrs. \_\_\_\_\_ Last First Middle Maiden Name  
☐ Ms. \_\_\_\_\_

2. Address \_\_\_\_\_  
 Street or P.O. Box City State ZIP code

3. Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: ☐ Male ☐ Female  
 Month Day Year

4. Social Security number \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003? ☐ Yes ☐ No

If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history record background check process. No payment is necessary as of now.

If "Yes," please provide the following information and follow the instructions outlined below:

\_\_\_\_\_  
 Board or committee requiring the fingerprinting

\_\_\_\_\_  
 Month and year you were fingerprinted

If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other **Board or Committee of the New Jersey Division of Consumer Affairs** (a background check conducted for the Department of Education, another state agency or another state does not apply) you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. **The fee for this service is \$17.50.** Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) ☐ Yes ☐ No

**Every such conviction on record must be disclosed.** A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

**Note:** Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

**Your continuing responsibility to disclose convictions of crimes or offenses:** You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

Continuation on the reverse side ➡

## CERTIFICATION

I, \_\_\_\_\_, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

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Signature of applicant

---

Date



# New Jersey Office of the Attorney General

Division of Consumer Affairs  
State Board of Psychological Examiners  
124 Halsey Street, 6<sup>th</sup> floor, P.O. Box 45017  
Newark, New Jersey 07101



## Application for Proposed Supervisors

Name: \_\_\_\_\_  
First name Last name Middle initial

Degree: \_\_\_\_\_ N.J. License No. \_\_\_\_\_

Name of Practice (if other than your name): \_\_\_\_\_

Address(es) of all practice location(s) - Use additional sheet if necessary:

Address: \_\_\_\_\_  
Street address City State ZIP code

Telephone number: \_\_\_\_\_ (include area code)

Address: \_\_\_\_\_  
Street address City State ZIP code

Telephone number: \_\_\_\_\_ (include area code)

Describe the nature of your current practice.

Theoretical orientation:

Nature of clientele:

Types of professional services provided:

Names and permit numbers of all **current** (not pending) permittees:

Name: \_\_\_\_\_ No. \_\_\_\_\_

Name: \_\_\_\_\_ No. \_\_\_\_\_

Name: \_\_\_\_\_ No. \_\_\_\_\_

Name of your Malpractice Insurance Carrier: \_\_\_\_\_

Are your permit holders covered by your policy? ☐ Yes ☐ No

Fees - Your usual fee(s) for each of your usual service(s) - specify:

Candidate's name: \_\_\_\_\_  
First name Last name Middle initial

The fee(s) clients will pay for services by the permit holder(s):

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The fee(s) you will pay the permit holder(s) for services to clients:

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The fee(s) that will be charged to the permit holder(s) for supervision:

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Address of the office where it is anticipated that permit holder(s) will offer services:

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Street address	City	State	ZIP code
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Will you screen (face-to-face) clients who will be served by permit holder(s)? ☐ Yes ☐ No

If "No," describe your alternative screening procedure(s) and the rationale for it(them):

***Enclose a copy of your current curriculum vitae.***

***(Required by resolution of the State Board of Psychological Examiners, 5-22-95)***

***New Jersey Office of the Attorney General***

Division of Consumer Affairs

State Board of Psychological Examiners

124 Halsey Street, 6<sup>th</sup> floor, P.O. Box 45017

Newark, New Jersey 07101

**Certification**

I certify that I have read and am familiar with the laws and rules governing the practice of psychology in New Jersey (N.J.S.A. 45:14B-1 et seq., N.J.A.C. 13:42-1).

I understand that I am primarily responsible for all clients served by permit holder(s) under my supervision; that I will maintain and retain the originals of all client records and that I will collect all fees for services provided.

I further certify that I will supervise no more than three permit holders at any one time.

I understand and agree that I am to file reports on the work of the permit holder(s) with the Board every six months for the duration of the supervision.

---

Signature of proposed supervisor

---

Date

***(Required by resolution of the State Board of Psychological Examiners, 5-22-95)***



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State Board of Psychological Examiners  
124 Halsey Street, 6<sup>th</sup> floor, P.O. Box 45017  
Newark, New Jersey 07101



## Supervisory Form for Psychology Candidates

Please print clearly.

Applicant's name: \_\_\_\_\_  
First name Last name Middle initial

Applicant's address: \_\_\_\_\_  
Street address City State ZIP code

### I. Information About Supervisor

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Office telephone number: \_\_\_\_\_ (include area code)

4. Highest degree earned: \_\_\_\_\_

5. Institution/University and program: \_\_\_\_\_

6. Licensed psychologist in New Jersey?

a. ☐ Yes ☐ No

b. Year licensed: \_\_\_\_\_

c. License number: \_\_\_\_\_

7. Licensed/Certified psychologist *in other states*

a. State: \_\_\_\_\_

b. Year licensed: \_\_\_\_\_

c. License number: \_\_\_\_\_

d. ABPP diploma? Year: \_\_\_\_\_ Specialization: \_\_\_\_\_

8. Have you ever been denied a license or had any disciplinary action taken against your license or certificate in **any** state or jurisdiction? ☐ Yes ☐ No

If "Yes," please provide details of the denial or disciplinary action, including dates, location and copies of any documents reflecting such denial or disciplinary action.

9. My title and position during the span of supervision was: \_\_\_\_\_

10. Kindly describe your qualifications for supervising the particular activities which you supervised for this applicant:

11. Kindly describe any previous or current relationship you may have had with this applicant:

### II. Information About Supervision

1. The applicant was supervised by me in a facility expressly permitted by law (cf. 45:14B-6). ☐ Yes ☐ No

a. Name and address of facility: \_\_\_\_\_

- b. The applicant's title (if any) during the time I supervised him/her was: \_\_\_\_\_
2. The applicant received a temporary permit to work directly under my supervision. ☐ Yes ☐ No  
Permit No. \_\_\_\_\_
3. Inclusive dates of the supervision were:  
\_\_\_\_\_ Starting date \_\_\_\_\_ Completion date \_\_\_\_\_ Total number of weeks \_\_\_\_\_
4. The number of client hours completed by the applicant during the span of my supervision was: \_\_\_\_\_
5. The average number of clock hours per week spent with the applicant in **face-to-face** individual supervisory activities during the span of my supervision was: \_\_\_\_\_
6. The average number of clock hours per week spent with the applicant in **group** supervisory activities during the span of my supervision was: \_\_\_\_\_
7. The average number of clock hours per week spent by the applicant in professional/academic activities associated with the effective serving of clients (e.g. reviewing case notes, keeping records, reading cases, etc.) during the span of my supervision was: \_\_\_\_\_
8. Regarding post-doctoral supervision and in accordance with Board Regulations (cf. 13:42-3.6):
- Did you approve applicant's clients in advance? ☐ Yes ☐ No
  - Were fees for client services either billed by or accepted by the applicant? ☐ Yes ☐ No
  - Final professional responsibility for the client's welfare was mine as supervisor. ☐ Yes ☐ No

### III. Supervisory Activities

Should the applicant be judged to be in need of further supervised experience, please specify which supervised activities were used and how often they were used during your period of supervision.

a. Working together with clients

Very often \_\_\_\_\_ Often \_\_\_\_\_ Sometimes \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_

b. Viewing of applicant's sessions with clients

Very often \_\_\_\_\_ Often \_\_\_\_\_ Sometimes \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_

c. Viewing of videotapes of applicant's sessions with clients

Very often \_\_\_\_\_ Often \_\_\_\_\_ Sometimes \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_

d. Listening to audiotapes of applicant's sessions with clients

Very often \_\_\_\_\_ Often \_\_\_\_\_ Sometimes \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_

e. Reacting to case presentations given by applicant

Very often \_\_\_\_\_ Often \_\_\_\_\_ Sometimes \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_

f. Conducting role-playing sessions with applicant

Very often \_\_\_\_\_ Often \_\_\_\_\_ Sometimes \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_

g. Engaging in problem-solving discussions concerning individual clients

Very often \_\_\_\_\_ Often \_\_\_\_\_ Sometimes \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_

h. Entering into problem-solving discussions concerning applicant's own problems as they affect work with clients

Very often \_\_\_\_\_ Often \_\_\_\_\_ Sometimes \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_

i. Offering feedback to applicant of specific interventions taken with a client

Very often \_\_\_\_\_ Often \_\_\_\_\_ Sometimes \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_

j. Offering feedback on applicant's interpersonal skills

Very often \_\_\_\_\_ Often \_\_\_\_\_ Sometimes \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_

k. Offering feedback on applicant's personal qualities as they affect work with clients

Very often \_\_\_\_\_ Often \_\_\_\_\_ Sometimes \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_

**IV. Supervisor's Competencies** - For the following competencies, kindly indicate at which level the applicant was performing at the time your supervision ended. Use the following scale.

*Level 1* - Ready for independent practice

*Level 2* - Needed continued supervision

*Level 3* - Had not achieved minimal competence = unsatisfactory

*Level 4* - I cannot make a judgment about this competency

- a. Ability to establish a professional relationship \_\_\_\_\_
- b. Ability to assess client's needs and to plan appropriate interventions \_\_\_\_\_
- c. Ability to make interventions appropriate to client needs \_\_\_\_\_
- d. Ability to be flexible in choosing and changing interventions as appropriate \_\_\_\_\_
- e. Ability to assess prudently one's own capacities and skills in a professional situation \_\_\_\_\_
- f. Ability to work effectively in a one-to-one relationship \_\_\_\_\_
- g. Ability to work effectively in a group situation \_\_\_\_\_
- h. Ability to work effectively where systems level interventions are required \_\_\_\_\_
- i. Knowledge of professional ethics and the ability to apply that knowledge appropriately to practical situation. \_\_\_\_\_

**Supervisor's Conclusion and Recommendations**

This applicant is seeking to become a licensed practitioner of psychology in New Jersey. In effect, the applicant is claiming the readiness for independent professional practice (without supervision). In summary fashion, would you kindly give us your assessment of the applicant's current state of preparedness for independent practice, and also any specific recommendations you may have as to the applicant's further professional development. Please relate your remarks to the following areas:

a. Readiness in terms of theoretical knowledge and skills:

b. Readiness in terms of applied knowledge and skills:

c. Readiness in terms of personality:

d. Readiness in terms of ethical practice:





**New Jersey Office of the Attorney General**

Division of Consumer Affairs  
State Board of Psychological Examiners  
124 Halsey Street, 6<sup>th</sup> floor, P.O. Box 45017  
Newark, New Jersey 07101



**Certificate of Good Moral Character**

To the Candidate:

Please send one of the two forms provided to someone you wish to use as a reference. It should be completed by that individual and returned to the Board office.

**State Board of Psychological Examiners  
P.O. Box 45017  
124 Halsey Street  
Newark, New Jersey 07101**

This certifies that I am personally acquainted with \_\_\_\_\_  
Print name

of \_\_\_\_\_,  
Street address City State ZIP code

that I know h \_\_\_\_\_ to be of good character and hereby recommend h \_\_\_\_\_ to the State Board of Psychological Examiners to practice psychology in the State of New Jersey, pursuant to Law.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

Address \_\_\_\_\_  
Street address City State ZIP code

Relationship to applicant \_\_\_\_\_

***Note: This form cannot be completed by a relative.***



# EPPP Score Transfer Service

Request for Score Transfer on the Examination for the Professional Practice in Psychology

FOR OFFICE USE ONLY: Check #: \_\_\_\_\_ Approval #: \_\_\_\_\_

## I. Applicant Information (Please type or write legibly.)

Current Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_  
Last, First M.I.  
Name under which you took the exam: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Social security/social insurance # \_\_\_\_\_  
Current Address: \_\_\_\_\_  
(Street #, Apt. #) City State Zip  
Jurisdiction(s) in which you currently are licensed & license #: \_\_\_\_\_

## II. Exam Information (You must provide appropriate information for ALL examination attempts)

Date Exam Taken State/Province exam was taken for Candidate ID #  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## III. Score Transfers

*Regular Transfer fee:* \$85.00 U.S. per transfer (allow four weeks for transfer).

*Expedited fee:* \$115.00 U.S. per transfer (allow five business days for transfer).

Please check if you hold any of the following: CPQ holder \_\_\_\_\_ Credentials Bank (CB) participant \_\_\_\_\_ IPC holder \_\_\_\_\_  
Special pricing for regular transfers: CPQ holders: No fee CB Participants: \$50 IPC Holders: \$50

State/Province/Territory	Transfer Fee@\$85	Expedited@\$30	Total
_____	\$ _____	\$ _____	\$ _____ U.S.
_____	\$ _____	\$ _____	\$ _____ U.S.

Total Due: \$ \_\_\_\_\_ U.S.

## IV. Method of Payment

All payments must be in U.S. funds. Regular transfers may be paid by cashier's check, personal check, money order, certified check, corporate business check or major credit card. **Expedited transfers may only be paid by cashier's check or major credit card.** Make checks payable to ASPPB.

Card Type: (Circle One) Visa Mastercard American Express Discover

Name on Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Verification # (On back of card): \_\_\_\_\_ Amount to be charged to card: \_\_\_\_\_

Billing Address (If different than above): \_\_\_\_\_

(Street #, Apt. #) City State Zip

Signature: \_\_\_\_\_

## V. Verification

NOTE: Your request will not be processed without your signature. Please read the instructions. It is your responsibility to make sure this form is completed correctly. The score transfer fee will be charged to send corrected transfers due to errors made by you in completing this form.

I certify that the information I have provided is correct.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mail to: ASPPB, P.O. Box 3079, Peachtree City, Georgia 30269

OR Fax: 678-216-1176

Phone: 678-216-1175

# **The Association of State and Provincial Psychology Boards (ASPPB)**

## **Request for Transfer of EPPP Score(s)**

The EPPP Score Transfer Service, a part of the ASPPB Mobility Program, was established to provide information necessary for psychology licensure. As part of your score transfer request, information regarding **all** examination attempts will be sent to the jurisdiction(s) requested in this application along with the results of a review of the ASPPB Disciplinary Data System. The ASPPB Disciplinary Data System includes disciplinary actions reported by ASPPB member psychology boards. Your participation in the EPPP Score Transfer Service is entirely voluntary.

Transfer of your scores on the Examination for Professional Practice in Psychology (EPPP) may be requested any time after taking the examination. **A candidate's examination fee includes a report of his/her score to the licensing board of the state or province that approved him/her as a candidate.**

Applications for the EPPP Score Transfer Service are distributed at the time of the examination or may be obtained from licensing boards or ASPPB. For Standard EPPP Score Transfer Service, you should allow **four weeks** from the time you mail or fax your transfer request. For Expedited EPPP Score Transfer Service, you should allow **five working days** from the time ASPPB receives your request.

A confirmation notice will be sent to you once your request has been processed. Please note that you will receive only a confirmation notice as scores are provided only to licensing boards.

### **APPLICATION INSTRUCTIONS**

- I. Applicant Information:** You must provide your current name, the complete name under which you took the examination, if different; date of birth; social security number or social insurance number; current address; and jurisdictions you are currently licensed in along with your license number.
- II. Examination Information:** For the examination score transfer, you must provide the administration date (month, day, year); the jurisdiction in which the examination was taken; and the candidate ID number (the number that was assigned to you by the board and that you wrote on the answer document at the time of testing) for **ALL** examination attempts.
- III. Score Transfers:**

**Standard EPPP Score Transfer Fee:** Standard EPPP Score Transfer Service is \$85.00 per request with the exception of the following:

  - ASPPB CVP participants - \$50.00 per **standard** EPPP score transfer request
  - ASPPB IPC holders - \$50.00 per **standard** EPPP score transfer request
  - ASPPB CPQ holders – No fee

**Expedited EPPP Score Transfer Service Fees:** Expedited EPPP Score Transfer Service is \$115.00 per request with the exception of the following:

  - ASPPB CVP participants - \$80.00 per **expedited** EPPP score transfer request
  - ASPPB IPC holders - \$80.00 per **expedited** EPPP score transfer request
  - ASPPB CPQ holders – \$30.00 per **expedited** EPPP score transfer request
- IV. Method of Payment:** Cashier's check, personal check, money order, certified check, corporate business check or major credit cards. Make checks payable to ASPPB. All payments must be made in U.S. Funds. **Please note that all fees for expedited service must be paid by credit card or certified funds. Personal checks will not be accepted for expedited service.**
- V. Verification:** Your request will not be processed without your signature. By signing you are certifying that the information you have provided is correct.

**In offering this service, ASPPB does not make any guarantees that any licensing board will accept a score transfer in lieu of other state requirements for the purposes of licensure.**